

JUL 20 2006

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858-720-8900 office | 858-509-3691 fax | [www.sheppardmullin.com](http://www.sheppardmullin.com)FACSIMILE COVER SHEET**\*\* THIS FACSIMILE TRANSMISSION WILL NOT BE MAILED \*\***Date: July 20, 2006File Number: 07EW-116677Total number of pages:  
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Sheppard Mullin at 858-720-8900TO:Facsimile No.Telephone No.U.S. Patent and Trademark Office(571) 273-8300From: David E. HeiseyRe: Application No. 10/516,822 - Revocation/Power of AttorneySender's Name: Pridge McDougall

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David E. Heisey

1. Transmittal (1 pg.); and
2. Revocation of Power of Attorney with New Power of Attorney and  
Change of Correspondence Address (1 pg.)

First Named Inventor:

Robert Gilmour

Title:

BODY JOINT LINER

Application No.:

10/516,822

Examiner:

Unknown

Our Docket No.:

07EW-116677

Client:

OMNI life science, Inc.

Atty/Sec.:

Heisey/McDougallFiling Date: October 5, 2005Group Art Unit: 3743Date Faxed: 07/20/06Date Due: N/A

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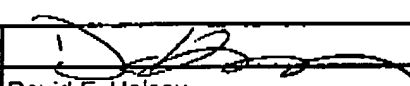
<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/516,822	
	Filing Date	October 5, 2005	
	First Named Inventor	Robert Gilmour	
	Art Unit	3743	
	Examiner Name	TBA	
Total Number of Pages in This Submission	2	Attorney Docket Number	07EW-116677 (formerly 4502-1062)

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Sheppard, Mullin, Richter & Hampton, LLP		
Signature			
Printed name	David E. Helsey		
Date	July 20, 2006	Reg. No.	42,651

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Typed or printed name	David E. Helsey	Date	July 20, 2006

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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/516,822
	Filing Date	October 5, 2005
	First Named Inventor	Robert Gilmour
	Art Unit	3743
	Examiner Name	TBA
	Attorney Docket Number	07EW-116677 (formerly 4502-1062)

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

30764

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with  
Customer Number:

30764


OR

<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		Zip
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Robert Gilmour		
Date	July 18, 2006	Telephone	464 9 3370564

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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